



City of Parma, Ohio

DEAN DePIERO
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
Fax: 216-661-2021

DATE: _____

TENANT NAME: _____

TENANT ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE #: _____

I, _____, would like to add
_____ to my lease effective
immediately. I am aware that the above named person cannot move into my subsidized unit
until the PPHA has received all necessary background checks and income verifications to
determine eligibility. I understand and am fully aware that if I allow the above named person to
move into my unit prior to the approval by the PPHA, I can be terminated from the program.

Signature

Date